

<i>SERFF Tracking Number:</i>	<i>META-126145593</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>42343</i>
<i>Company Tracking Number:</i>	<i>NY09-10 KC (LW)</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>GPNP99-LTC/NY09-10 KC</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Group Long Term Care Insurance SERFF Tr Num: META-126145593 State: ArkansasLH

TOI: LTC03G Group Long Term Care	SERFF Status: Closed	State Tr Num: 42343
Sub-TOI: LTC03G.001 Qualified	Co Tr Num: NY09-10 KC (LW)	State Status: Approved-Closed
Filing Type: Rate	Co Status: In Progress	Reviewer(s): Marie Bennett
	Authors: Sandra Bennett, Ruth Rivera, Linda Williams	Disposition Date: 07/17/2009
	Date Submitted: 05/12/2009	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GPNP99-LTC
 Project Number: NY09-10 KC
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 07/17/2009

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Large
 Group Market Type: Employer
 Explanation for Other Group Market Type:
 State Status Changed: 07/17/2009
 Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

This is a Group Long Term Care Insurance Rate Filing. Please see the attached Cover Letter for a detailed description of this filing.

Company and Contact

SERFF Tracking Number:	META-126145593	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	42343
Company Tracking Number:	NY09-10 KC (LW)		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	GPNP99-LTC/NY09-10 KC		

Filing Contact Information

William D. Wilson, Staff Analyst
 501 Route 22 (908) 253-2290 [Phone]
 Bridgewater, NJ 08807

Filing Company Information

Metropolitan Life Insurance Company.	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: -99	Company Type: Life
1095 Avenue of the Americas		
New York, NY 10036-6796	Group Name:	State ID Number:
(212) 578-2211 ext. [Phone]	FEIN Number: 13-5581829	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$100.00 Per Rate Filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$100.00	05/12/2009	27825748

SERFF Tracking Number:	META-126145593	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Marie Bennett	07/17/2009	07/17/2009

<i>SERFF Tracking Number:</i>	<i>META-126145593</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>42343</i>
<i>Company Tracking Number:</i>	<i>NY09-10 KC (LW)</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>GPNP99-LTC/NY09-10 KC</i>		

Disposition

Disposition Date: 07/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	META-126145593	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	42343
Company Tracking Number:	NY09-10 KC (LW)		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	GPNP99-LTC/NY09-10 KC		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	LTC Group Duration (LR) Exhibit		No
Supporting Document	Cover Letter		Yes
Supporting Document	Certification (Rule and Regulation 19)		Yes
Supporting Document	NAIC Transmittal Form		Yes
Rate	Group_Manual_2009_Comp_Generic		No
Rate	Group_Manual_2009_FC_Generic		No

<i>SERFF Tracking Number:</i>	<i>META-126145593</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>42343</i>
<i>Company Tracking Number:</i>	<i>NY09-10 KC (LW)</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>GPNP99-LTC/NY09-10 KC</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126145593 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 42343
Company Tracking Number: NY09-10 KC (LW)
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GPNP99-LTC/NY09-10 KC

Supporting Document Schedules

Review Status:

Satisfied -Name: Cover Letter

05/12/2009

Comments:

Attached is the Cover Letter.

Attachment:

Filing Letter _Group_.pdf

Review Status:

Satisfied -Name: Certification (Rule and Regulation 19)

05/12/2009

Comments:

Attached is the Certification (Rule and Regulation 19).

Attachment:

ARCERTREG19.pdf

Review Status:

Satisfied -Name: NAIC Transmittal Form

05/12/2009

Comments:

Attached is the NAIC Transmittal Form.

Attachment:

L-A&H NAIC Transmittal Document 1-1-2009.pdf

Metropolitan Life Insurance Company
Institutional Contracts – **MSC #39.087**
1095 Avenue of the Americas
New York, NY 10036-6796
Tel 212 578-2944 Fax 212 578-6247
Croth@metlife.com



Carolyn J. Roth
Director
Institutional Business Contracts

May 12, 2009

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Group Long-Term Care Insurance Rate Filing
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We are filing, for your review and approval, new premium rate schedules and supporting actuarial memoranda for the following previously approved group long-term care insurance policy forms along with any applicable riders approved for use with the listed forms:

- GPNP99-LTC, approved by your Department on February 22, 2000;
- G.LTC297 and G.LTC397, approved by your Department on March 20, 1998; and
- G.LTC199 approved by your Department on January 24, 2000.

The new premium rate schedules will apply only to new group policies issued after approval of these rates by your Department and our implementation of the new rates. It will not cause rates to change for individuals covered under existing group policies already issued.

We are submitting this premium rate schedule filing due to material changes in pricing assumptions including lapse and mortality. In addition, MetLife has accumulated credible experience of claims incidence and claims severity to develop our own morbidity assumptions. This is different from our prior filings where, for example, morbidity assumptions were heavily influenced by industry experience.

The enclosed actuarial memoranda contain information that is proprietary to MetLife. For example, they contain statistics, assumptions and other information that are proprietary trade secrets of MetLife. Disclosure of this information would have an adverse affect and cause injury to MetLife's competitive position in the long-term care marketplace. Therefore, we request that the Department treat these materials as confidential, to the extent permitted by applicable by law and not release them to any third parties. We further request that the Department notify Shen Wu, Vice President and Actuary at (908) 253-1899 if any third party requests access to this information so that MetLife has an opportunity to oppose any request for disclosure if necessary.

Thank you for your attention to our filing. We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink that reads "Carolyn J. Roth".

Carolyn Roth



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS CERTIFICATION
Rule and Regulation 19
Unfair Sex Discrimination in the Sale of Insurance

I certify that this submission meets the provisions of Rule and Regulation 19, and all applicable requirements of the Arkansas Department of Insurance.

A handwritten signature in black ink, appearing to read "Herbert B. Brown Jr.", written in a cursive style.

Herbert B. Brown Jr.
Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Company Institutional Contracts 1095 Avenue of the Americas New York, NY 10036-6796	NY		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Carolyn Roth MetLife Institutional Contracts 1095 Avenue of the Americas New York, NY 10036-6796	(212) 578-3029	(212) 578-6247	croth@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	NY09-10 KC
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance (TOI)	LTC03G – Group Long-Term Care Insurance
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10.	Sub-Type of Insurance (Sub-TOI)	LTC03G.001 – Qualified
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11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	Filing Submission Date	May 12, 2009	
13	Filing Fee (If required)	Amount <u>\$100.00 (SERFF EFT)</u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		
	<p>This is a rate filing for group long-term care insurance policies. Please see our filing letter for details concerning this filing.</p>		

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>	
<p>Print Name <u>Carolyn Roth</u> Title <u>Director</u></p>	
<p>Signature <u></u> Date: <u>May 12, 2009</u></p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		NY09-10 KC
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			NY09-10 KC	
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Premium Rate Schedule and Actuarial Memorandum	GPNP99-LTC, G.LTC297, G.LTC397.	<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input checked="" type="checkbox"/> Other New premium rate schedule that will apply to group policies issued after the new rate schedule is in effect.	
	New premium rate schedule and supporting actuarial memorandum.			
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1